



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF DIETETICS/NUTRITION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

SUPERVISED PRACTICE EXPERIENCE ASSESSMENT FORM

INSTRUCTIONS

The applicant below is applying for Delaware licensure as a dietitian/nutritionist. An assessment of his or her experience is needed from each of the applicant's supervisors to determine if the applicant meets the licensure requirements.

Supervisor Requirements

A supervisor must meet the following requirements:

- You must have had administrative responsibility for the area of the professional practice experience **or** been approved by the area's administrator.
- You must have had access to relevant patient/client records in the site of the professional practice experience.

For complete information on the supervision requirements, see [24 Del. C. §3806 \(a\)](#) and Section 1.3.2 of the Board's [Rules and Regulations](#).

Documentation Requirement

- ☐ Complete and sign this form following the instructions on the form.
- ☐ Provide a copy of your CDR or other license or certificate.
- ☐ If you were **not** the administrator of the area, provide a letter from the area's administrator showing that you were approved to act as the official supervisor for the applicant's experience in the area.

APPLICANT: _____
Last First Middle Initial

INFORMATION ABOUT SUPERVISOR – To be completed by supervisor

1. Supervisor Name: _____
Last First Middle Initial

2. Enter the following about your credentials. Check all that apply:

- ☐ Registered Dietitian – Enter Commission on Dietetic Registration (CDR) #: _____
- ☐ State Licensed Dietitian – Enter License #: _____ State: _____
- ☐ State Certified Dietitian/Nutritionist – Enter Certificate #: _____ State: _____
- ☐ Certified Nutritional Specialist in Delaware or other state at the time of supervision –
Enter Certificate #: _____ State: _____
- ☐ Licensed Physician – Enter License #: _____ State: _____
- ☐ Licensed Health Care Professional or person with a doctoral degree from an accredited college or university with expertise in human nutrition – Enter License #: _____ State: _____

Provide a copy of your CDR or other license or certificate.

3. Place of Employment When Supervising Applicant: _____

4. Period of Supervision: Start (month/year): _____ End (month/year): _____

5. Your Position When Supervising Applicant: _____

6. Were you the *administrative* supervisor of the area of the professional practice experience? Yes ☐ No ☐ **If no, provide a letter from the area's administrator showing that you were approved to act as the official supervisor for the applicant's experience in the area.**
7. Your Current Position: _____
8. Current Employment Address: _____
9. Phone: _____ Email: _____

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INFORMATION ABOUT APPLICANT'S SUPERVISED PRACTICE EXPERIENCE

Use the following table to outline the applicant's work experience. Specify the time allocation for each activity. Indicate the specific skills/activities and areas of nutrition practiced (must include direct client/patient involvement), the time allocated for each skill/activity (specific number of hours), the supervisor's rating of each skill, the facility(ies) and accompanying dates. If you need additional documentation space, attach a separate sheet.

PRACTICED SKILLS/ACTIVITIES <u>24 Del. C. § 3802 (2)</u>	TIME ALLOCATION (hours)	SKILLS ASSESSMENT (excellent, very good, good, needs improvement)	FACILITY(IES)	DATES
(a) Nutrition assessment to include the establishment of nutritional care plans, the development of nutritional related priorities, goals and objectives.				
(b) Provision of nutrition counseling or education as components of preventive, and restorative health care				
(c) Evaluation and maintenance of appropriate standards of quality in food and nutrition				
(d) Evaluation and education of nutrient-drug interactions				
(e) Interpreting, recommending interventions to meet nutrient needs relative to individual health status, including but not limited to medically prescribed diets, tube feedings, or specialized intravenous solutions.				
(f) Development, administration, evaluation, consultation regarding nutritional care standards				
(g) Conduct independent research/collaborate in research areas including, but not limited to food/pharmaceutical companies, universities/hospitals by directing or conducting experiments to answer critical nutrition/food science questions/ develop nutrition recommendations for the public.				
TOTAL SUPERVISED EXPERIENCE HOURS				

I certify that the above statements regarding the supervisor's requirements/duties and the statements regarding the work done by the applicant while under my supervision are true.

Supervisor Signature: _____ **Date:** _____

Return completed form *directly* to Board of Dietetics/Nutrition at address above.